

CLASS C REINSTATEMENT FORM

224002
224003

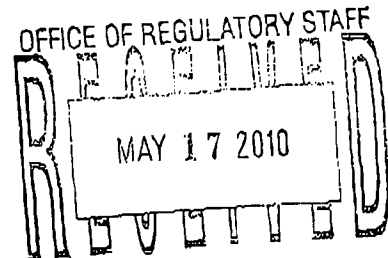
<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: 5/12/10

Docket No: 2007-310-T
2010-102-T

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 7859
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____



My certificate was revoked/cancelled on 5/3/10 because of
 (DATE)
nonpayment of a \$27.50 decal fee

I am seeking reinstatement because I cannot operate this vehicle
without the decal

Joseph McQueeney DBA the Charleston Chauffeur Comp
 (Name of Company) (if applicable)

39 A Barre St
 (Street Address)

Chas SC 29401
 (City, State, Zip Code)

843-367-6019
 (Telephone Number)

Joseph McQueeney
 (Signature)

Owner
 (Title) Owner, President, etc.

RECEIVED
 MAY 18 2010
 CLERK'S OFFICE

THE CHARLESTON CHAUFFEUR COMPANY
420 Owen St
Charleston, SC 29414
(843) 737-0654

395

87-219/539
BRANCH 1322

PAY TO THE
ORDER OF

5/12/10

DATE

Office of Regulatory Staff
Twenty seven dollars & 50/100 \$ 27.50

DOLLARS

Security
Features on
this note

CAROLINA FIRST

FOR

Joey Matney

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually, on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 500, Columbia, SC 29201.
5. You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

APPLICATION FOR LICENSE DECAL

CLASS C Charter

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2010

Certificate Holder: Joseph McQueeney

35 A Barre St

Mailing Address

(Exact Name of Certificate Holder)
Charleston

The Charleston Chauffeur Company

SC 29401

City, State and Zip Code

Telephone No.

Owner of Vehicle

Street Address if Different From Mailing Address

Joseph McQueeney dba The Charleston Chauffeur Company

City, State and Zip Code

Make of Vehicle

FORD

Body Type

ECONOLINE 350

VIN Number

A18814

Year Model

2006

(Last 6 digits)

VEHICLE IDENTIFICATION

Seating Capacity

15

License Plate #

TX19242

Empty Weight

5721

FEE

\$ 27.50

needs 15 tag

FARES OR CHARGES (List maximum rates only; mandatory to receive decal)
\$00/HR

AGENT'S SIGNATURE: Joey Matney